

# Exhibit 5

**AUTHORIZATION FOR RELEASE OF  
EMPLOYMENT AND UNEMPLOYMENT RECORDS**  
(Psychological Injury Is Claimed)

TO:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

I \_\_\_\_\_ hereby authorize all of my past and present employers to release to Fulbright & Jaworski L.L.P., or any of its legal associates or designated representative thereof, copies of any and all of my personnel records including employment applications, job descriptions of all positions held, payroll/salary records, letters of commendation/discipline, performance evaluations, vacation use records, workers' compensation files, and any other records maintained in my personnel and human resources files concerning me. My date of birth is \_\_\_\_\_.

This release does not authorize any past or present employer to divulge any information other than providing copies of existing written records.

This authorization is subject to revocation by the undersigned, if the revocation is in writing addressed to Yvonne K. Puig, or her agent or representative, at any time except to the extent that action has already been taken in reliance on this authorization.

You are authorized to release the above records to the following, who agree to pay reasonable charges made by you to supply copies of the requested records:

Yvonne K. Puig  
Fulbright & Jaworski L.L.P.  
Attorneys for Saint Thomas West Hospital, formerly  
known as St. Thomas Hospital, Saint Thomas Network, and  
Saint Thomas Health  
98 San Jacinto Blvd., Suite 1100  
Austin, Texas 78701

SIGNED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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**SOCIAL SECURITY NUMBER**

THE STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

NOTARY PUBLIC